

<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>JUROR PERSONAL HISTORY QUESTIONNAIRE</b>	<b>JUROR NO.</b>
Court address		Court telephone no.

PLEASE PRINT CLEARLY

1. Last name		First name		Middle initial	
2. Indicate city, township, or village in which you live. <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village    of:					
3. What is your occupation?			4. Employer's name and address		
5. What other occupations have you had in the last 10 years?					
6. Have you ever been an office holder for any state, county or municipality, or have you ever been a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please specify.					
7. What was the last grade you completed in school, or degree received?			8. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
9. Name of spouse		10. Spouse's occupation		11. Spouse's employer	
12. Number of children living at home		13. Check if you are: <input type="checkbox"/> Tenant <input type="checkbox"/> Property owner <input type="checkbox"/> Landlord		14. Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. a. Have you, a family member, or a close friend ever been in a serious traffic accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> b. Was alcohol involved?    c. Who was injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yourself <input type="checkbox"/> Family member(s) <input type="checkbox"/> Other(s) <input type="checkbox"/> No one					
16. Have you ever been a victim, witness, plaintiff, or defendant in a criminal or civil suit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					
17. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is it pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?					
18. Have you ever been convicted of a misdemeanor other than traffic violations?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?					
19. Have you ever been confined in any correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:					
20. Are there any special accommodations the court needs to make to assist you in serving as a juror? If yes, please explain the accommodations which would be necessary. <input type="checkbox"/> Yes <input type="checkbox"/> No					

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_